WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 24270

Registered No. 176

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 785

Township: Bonhomme — Primary Registration District No.: 6031

City: (No. Manchester Nursing Home St. Ward)

2. FULL NAME: Louis C. Hamm

(a) Residence, No. 7100 Page Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17, 1857

7. AGE: Years 76 — Months 2 — Days 5 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Forbes Bros. T. & C. Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: John Hamm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

MOTHER

15. MAIDEN NAME: Eva Sedlinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

17. INFORMANT (ADDRESS): Miss Cora M. Clifford, 7100 Page ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem. DATE: July 25, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc., 5966 Easton ave

20. FILED: 7/24, 1933 P. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to July 21, 1933

I last saw him alive on July 21, 1933. Death is said to have occurred on the date stated above at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis (Locomotor ataxia)	
Gun	
9 A	
21	

Other contributory causes of importance:
Senility
Arteriosclerosis
Chronic myocarditis

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. R. Loring, M. D.
(Address) Ballwin, Mo.